THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. XXIX. Wednesday, January 10, 1844. No. 23.

REMARKS ON A PECULIAR FORM OF PARALYSIS.

By William P. Buel, M.D., of New York.

I have met, principally in dispensary practice, with a form of paralysis I do not recollect to have seen described in books. It affects the nerves and muscles of the fore-arm, the hand, the thumb, and the fingers; producing loss of muscular power, and loss of sensation, partial or complete, from the bend of the elbow to the tips of the fingers. From the fact that when the arm is extended and leaned in the direction of pronation, the hand drops powerlessly down, with an utter inability to extend it, the affection has been called the "drop-hand."

The muscles and integuments of the fore-arm, hand and fingers, receive their supply of nervous influence from two nerves—the radial and the ulnar. The radial nerve, after emerging from the bend of the arm, gives off branches to the pronator terres, flexor radialis, palmaris longus, to the flexors of the thumb and fingers, and to the pronator quadratus. Passing with the tendons of the flexor muscles under the ligament of the wrist, it gives off five branches, which are distributed to the adductor muscles of the thumb, and to the radial side of each of the fingers.

The ulnar nerve, after passing the condyle of the humerus, goes down in connection with the ulnar artery to the wrist, where it divides into two branches; one of which, the main branch, passes into the palm of the hand, while the other getting on to the back of the hand, branches over the tendons, and is finally distributed to the back of the little and ring fingers. The other branch, passing under the palmar aponeurosis, is distributed on the ulnar edge of the hand, the outer edge of the little finger, and the sides of the little and ring fingers.

This brief account of the nervous distribution will enable us better to understand the phenomena which occur in the subjects of this affection.

The motions of the fore-arm upon the arm, depending entirely upon muscles seated above the elbow, are not impaired. The muscles which move the hand, the fingers, and the thumb, and which communicate the various motions of flexion and extension, pronation and supination, abduction and adduction, are paralyzed, in some cases partially; in other cases, the paralysis is complete. The hand, as already observed, drops helplessly when the fore-arm is extended and turned in the direction of pronation. The power of grasping between the thumb and fingers is, in many cases, entirely lost; as also that of closing the fingers upon the palm. As in other cases of paralysis, the flexors predominate over the antagonist muscles of extension, and the fingers are in a state of some flexion.

The loss of sensation, somewhat enfeebled at the upper part of the fore-arm, is increasingly so as we pass downwards, until we reach the fingers, where it is often complete. The ulnar nerve, from its being exposed at the point where it passes round the condyle of the humerus, being more subject to the cause of the affection than the radial, those parts of the fore-arm and hand receiving their nervous supply from it, are generally most affected, sometimes exclusively so. One branch of the ulnar nerve, as already mentioned, being distributed over the back of the hand, to its ulnar edge, and to the little and ring fingers, the loss of sensation in these parts is complete, being numb and powerless; while the middle and forefingers and the thumb, retain the power of motion and sensation.

The cause of the affection appears, in all the cases I have met with, to be one and the same, viz., the long-continued pressure of the weight of the body upon the nerves of the fore-arm in sleep. The subjects of these affections tell you they went to bed at night as well as usual; and when they awoke in the morning, they found the fore-arm and hand numb and powerless in the manner already described. They had no doubt gone to sleep with the fore-arm under the body, and remaining in that condition for several hours, paralysis, the usual consequence of continued pressure upon nerves, is the result. Those cases I have met with, occurred in hard-working people, whose slumbers, after the labors of the day, are dead and heavy. In several instances, I suspected that some extra narcotism had been produced by libations of beer and spirits.

Treatment.—When I first met with these cases I treated them by stimulating frictions along the track of the nerves, and repeated blisters on the palmar surface of the fore-arm. This treatment was entirely unsuccessful. I then thought of applying moxas, and this method was attended with complete success. The first case I met was treated with stimulating liniments and blisters for two or three weeks, without the slightest improvement, the hand and fingers remaining perfectly powerless. I then applied a single moxa on the facial surface of the fore-arm, and in a week the improvement was obvious. I was obliged, however, to apply a second or third moxa, before the cure was complete. Since that time I have treated four or five cases, applying in every instance from two to three moxas up and down the palmar surface of the fore-arm; and the cure is generally completed in from three to four weeks.

Finding this method so successful, I have tried no other. I have been told that in the New York Hospital, electro-puncture has been used successfully in this affection; but I have not had the opportunity of trying it.

The form of moxa which I have used, is that of small bits of gum camphor. This form, as it is always at hand, is rapid in its application, and produces as little pain as any method of applying the actual cautery to the human flesh, I prefer, as well in this case, as in others where the remedy is advisable.

[From the striking analogy of the cases above detailed to certain symptoms resulting from exposure to some of the preparations of lead, we addressed a note to Dr. Buel, suggesting a further inquiry; and to this, the following reply was made.—Ed.]

Dear Doctor,—In the note you were kind enough to send me this morning, you remark, "There is a peculiar affection, arising from exposure to the effects of lead, called by the workmen the *wrist-drop*, which bears a marked resemblance to the 'peculiar form of paralysis' that you describe." "Some years ago," you continue, "cases of obstinate constipation of the bowels, accompanied occasionally by paralysis of the hand and fore-arm, occurred so frequently among the soldiers of the United States army, from the use of white lead in cleaning their belts and gloves, that it became necessary to interdict its further use by a general order, which, at the same time, substituted pipe-clay." "I have thought it," you add, "worth while to suggest the inquiry, whether the cases you refer to might not have a similar origin."

Thanking you for your kindness in making the suggestion, I would observe in reply, that when I first met with the cases described in my communication, I was myself forcibly struck with their analogy with certain affections produced by exposure to the effects of lead; and immediately directed my inquiries to ascertain whether they had not the same origin. I could not, however, ascertain that there had been in any such instance, any exposure to the effects of lead. Aware of the fact that beer and cider drawn through leaden pipes, have sometimes produced the peculiar symptoms following the introduction of lead into the system, I was suspicious that these cases might have been thus produced. Further inquiry, however, did not confirm my suspicions, but satisfied me that they were unfounded.

The affection I have described, differs from that which you refer to, in one very important particular. "Some years ago," you remark, "cases of *obstinate constipation of the bowels, accompanied occasionally by paralysis of the hand and fore-arm*, occurred," &c. In these cases, and in all similar ones, arising from lead, the constipation of the bowels is the marked and prominent symptom to which the attention of the practitioner would primarily be directed. The cases I have described, were unattended with constipation, or indeed with any other disturbance in the general functions of the system. The patients, I believe in every instance, declared themselves to be in their usual health, with the exception of the paralysis of the hand and fore-arm.

The sudden access of the paralysis in my cases, differs from what might be expected from the gradual introduction of lead into the system in the manner you mention. In these cases, in every instance, the patients retired to rest in their usual health; they waked with the fore-arm and hand paralyzed. I think then it is fairly to be inferred, that these cases were not the effect of lead.

1st. Because, on diligent inquiry, I could not ascertain that there had been any exposure to lead in any shape or form.

2dly. Because the affection was unaccompanied by constipation of the bowels.

3dly. Because the attack was sudden, and not gradual, as we should expect from the gradual introduction of lead into the system.

4thly. Because in all the instances, the affection was removed by the application of a remedy purely local; a result certainly not to be expected, supposing it to have been produced by a cause operating on the whole system, as the poison of lead.

Since my communication was sent in, I have seen two other cases. They differed in no respect from the cases therein described. Both were treated by the application of camphor moxas to the palmar surface of the fore-arm. The first was a strong, healthy Irishman, perfectly well in all other respects. At the end of a week from the application of the moxas, he returned without much improvement, and rather vexed at finding that his arm was no better than before, and that he had got in addition three sores upon it. At the end of the second week the improvement was decided; and in another week the restoration was complete.

The second case was a woman of very intemperate habits. She returned at the end of the week with, as usual, but little improvement in that space of time. I have not seen her since; but I am confident, from the result in other cases, that she is cured.—*New York Journal of Medicine.*

THE WAY SOME PERSONS BECOME DENTISTS.

"A man must serve his time to every trade
Save censure, critics are already made."

This may have been true once, but the poet evidently was no prophet: he did not foresee the day when men should make themselves dentists by a simple act of volition, as the celebrated Jew physician, who gained great reputation in London, made himself a doctor. He was out of money, out of employment, out of patience, and out at the elbows—suddenly he exclaimed, "I am a doctor;" his education was completed, and in a little while he was in full practice. How many dentists have as suddenly willed themselves into business, by this short-hand method of professional induction, we cannot tell.

Fire in each eye, and forceps in each hand,
They swarm, and cheat, and swagger round the land.

Give one of these gentry a pot of mineral amalgam, and a few leaves of tin foil, and it will be strange if he does not pick the pockets of a neighborhood. Yet, after all, this must be a bad business: people soon discover that they are cheated; practice falls off as fast as it came on, and the great dentist, who makes bad teeth to be better than good ones, and fills cavities with indestructible (Cornwall) silver or self-adapting paste, is obliged to leave the scene of his miraculous performances, with more despatch than dignity. This routine of operations is performed again and again, until there remains no place where the man is not known, and no place to which he can go; those that know him best, and are most anxious to see him, are precisely the people whom he desires with all his heart never to meet again.

But there is another class of dentists, who must by no means be confounded with the vagabond order above mentioned, and yet who are very unfit to practise the surgery of the mouth. These are well-meaning people, who, either from ignorance of what is necessary to fit them for the profession, or from inability to procure proper instruction, commence practice with scarcely the elementary knowledge of the dental art. They can file a tooth, and perchance extract one. They can paste up a cavity, or fill a hollow grinder with tin or even with gold, but not in such a manner as to secure its preservation. They may even have a sufficient idea of the business to insert, in a bungling way, a pivot tooth. But beyond these rude mechanical efforts, they know nothing, until they acquire experience by practice—that is to say, until they have committed every sort of blunder so often, and with such painful consequences, as to make it hard for them to err in the same way again. Of this kind of dentists there are great numbers, and great numbers are daily joining their ranks.

But there is another class of dental surgeons, very different from those above mentioned. These are the men of science; the men who understand the great principles of medical treatment, who know that the mouth is an integral and most important part of an exquisitely organized whole, and who apply the science of surgery to this one part, not as being detached from the body, but as most closely connected with it. Few of the most skilful surgeons in the country could perform, with excellence, an ordinary dental operation; few could properly pronounce, at a glance, upon the nature and extent of the disease of the teeth; how then can an uneducated man expect to do this? If the profoundest knowledge of surgery, and constant practice in it, does not make a man a dentist; if even the most skilful surgeon must study the diseases of the mouth and their treatment as a speciality, what strange presumption is it in an uneducated man to undertake the practice of an art so important and so difficult.

It must be repeated until it obtains the currency of a proverb, that dentistry is a department of surgery, and that the man who would practise it properly must prepare himself by diligent study and careful mechanical operations.—*American Journal of Dental Science.*

CHOREA.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I here present you with my views of a disorder, respecting the nature and treatment of which, practitioners are exceedingly at variance. My observations upon the subject are at your disposal.

This disease derives its name from a Greek word signifying a chorus, which formerly accompanied dancing. It is frequently designated chorea Sancti Viti, St Vitus's dance, or the dance of St. Guy;* because the devotees of St. Vitus continued dancing so long that they induced symptoms of the complaint; and, we are told, could only be cured by repairing to the chapel of St. Weit (as the Germans have it) on the anniversary of this canonized person, where they danced day and night, with faith that dancing would cure them.

Chorea attacks children and young persons of both sexes; females being not more obnoxious to it than males, as has been stated by some writers. I think that children, between eight and sixteen years of age, are more liable to suffer from it than those older or younger. It seldom occurs after puberty, or during infancy; yet no age is exempt from it; for it has been seen in the infant at the breast, and the man of mature years.

Chorea, at the onset, oftentimes attacks the body partially, perceptible in the irregular convulsive muscular movement of one or more of the extremities, trunk or face. Risus sardonicus, which is erroneously considered by some a separate disease, is, occasionally, the first, and very commonly an attending symptom of this complaint. At other times its invasions are general, involving the whole muscular and nervous systems. The patient will have little or no control of the muscles of the will, the power of speech is impaired, deglutition becomes extremely difficult, respiration is impeded, &c. When he attempts to walk, his progress resembles that of an idiot, and his gesticulations are like one intoxicated with alcohol. The countenance and all the features of the face lose their beauty; the disposition is dogged, suspicious, and irritable. From laughing to weeping, the temper changes suddenly to deep anger without a cause.

In severe cases of long standing, the intellect is destroyed, the monarch of the mind abdicates his office, leaves it vacant, and fatuity is the result; or chorea, if not cured, may induce epilepsy, paralysis, or the patient may die of marasmus.

Most authors say that the fits are preceded by rigors, or a tingling sensation of the feet and limbs, that like cold air ascends the spine. This may account for the slight, irregular twitchings which implicate a great number of the muscles at this period. I am certain that the disorder is always produced by some functional derangement. If the bowels are constipated, the abdomen will be tumid; but *tumefaction* is not always an attendant symptom, as many affirm. Borborygmus, occasioned by flatulence, may at the same time be noticed. The condition of the stomach will govern the appetite and render it variable. In the female, deranged uterine function may be present. The functions of the liver and skin are many times involved. Worms are not symptomatic of chorea, but may afflict the patient; so with teething, cutaneous eruptions, rheumatism, &c.—they are not symptoms, but so many combining causes and accompaniments.

---

* It was called the dance of St. Guy by the French.

Opposite opinions are entertained with regard to the morbid anatomy of chorea; and appearances after death are so varied "that they only prove that there is not necessarily any structural change." Morbid changes are indeed found; but they chiefly relate to coincidence, rather than uniform facts. The physiologist alone may solve the inquiry; and this solution is not so complex a task as many would make it to be; for when we understand the *nature* of the malady, we have learned the pathology of chorea, so far as we can as an idiopathic affection.

General and *nervous* debility explain the phenomena of this disease, if we take into view those effects depending upon sympathy, which will deviate as patients are affected in different instances; or, in other words, according as the functions of the bowels, uterus, skin, stomach, liver, &c., are disturbed. If there is not *general* debility, why is the patient so feeble? If there is not *nervous* debility, why do nervines act so beneficially upon those laboring under the malady? That there is general debility, no one, who has seen chorea, will attempt to deny; but one who believes the complaint depends upon spasm, or that in its nature chorea is a spasmodic disease, may reply to my last interrogation, that most medicines of the kind mentioned are antispasmodics, and that they operate by relieving spasm. My objections to the doctrine of spasm are—first, antispasmodics will not effect an entire cure, as they would if this doctrine were correct. Secondly, "In severe cases the irregular actions are never suspended excepting during sleep, and may even continue irrespective of this condition." Now it would be impossible for spasm to be kept up so long, and so incessantly, without producing death; yet nervous debility might exist, and life not be in jeopardy. The last reason I shall now give in favor of my own opinion, is, that nervines (independent of their anodyne and antispasmodic qualities) act as *tonics* to the nervous system; and in this way they assist nature in this, and similar diseases.

Whatever tends to induce debility, or impair the nervous system, may be a cause of chorea. Hereditary influence, falls, blows upon the head or about the region of the spine, mental anxiety, excitement of any kind, especially premature excitement of the intellectual faculties or sexual desires, gross diet, unhealthy air, cold, sedentary occupations, and improper directions of the moral feelings, may become causes. Imitation has very little if any influence in its production. Inhabitants north of the equator are more obnoxious to it than those of the southern hemisphere.

Our diagnosis is for the most part made without danger of confounding the symptoms with other affections. Those who have seen it once, will scarcely fail in their diagnosis of chorea; for each case has sufficient characteristic marks to distinguish it—as irregular muscular motions, loss of power over of the muscles of the will, general and nervous debility, &c.

The prognosis is favorable when it occurs in the child otherwise healthy. We may always expect to cure such patients as have not organic diseases established, acting as excitants and remote causes, if the person is young, and the disorder not of long duration. When it attacks adults, there will be much doubt of making any complete cures. Chorea scarcely ever proves fatal.

Treatment.—Many writers insist upon bloodletting in chorea; but from what I have seen of the malady, I am led to think that the lancet is not indicated, and consequently would prove injurious, unless visceral inflammation exist. Should there be determination of blood to any important part, to the head, for example, cups or leeches may be applied with advantage. Nervous agitation may cause a quick pulse, and perhaps render it full. Such a pulse, in disorders not of the irritable kind, would stimulate me to employ venesection; but in the present instance, I should rely upon the tinc. sanguinariæ for its sedative influence over the circulation, and also for its nervine and alterative virtues, which will be serviceable, as I shall presently endeavor to show.

The practice of purging, which is so earnestly enjoined upon us by several writers, and particularly by Dr. Hamilton, I cannot approve; because I have known bad cases recover without it, and because I have found it of service only in unloading the bowels when constipated; when this is the case, we cannot do without it. Mild cathartics may generally be trusted for this purpose; but when we wish to procure the discharge of indurated and fetid fæces, it will be found necessary to employ the more drastic of these remedies. Gentle laxatives may be administered every day or two during the first stage of chorea, and their use may be prolonged if costiveness prevails, unless great debility comes on, in which instance we may have recourse to tepid water enemata.

Emetics can only be useful in evacuating the stomach of foul matter or acidity which may be there; or, perhaps, by rousing that organ into action, secondarily imparting a shock to the system, which may do much in aiding nature to re-take her desolate castle. When there is acidity of the stomach after giving an emetic, those agents denominated antacids will be likely to do much good. I like the following combinations:—Mag. calc., ℥ ss.; sub-carb. pot., p. ipecac., p. zing. āā ʒ j. Dose, a teaspoonful every six hours. Or, subcarb. sod., sacc. albi, āā ʒ ij.; aqu. cinnamo. ℥ v. M. Dose, a tablespoonful every four hours. When there is pyrosis, spt. ammo. or creosote, may be tried. For flatulence, gm. camph. or sulph. eth. may be given.

We can bring in the milder mercurials for their deobstruent virtues with advantage when the functions of the liver and skin are impeded. A few grains of the protochlo. hyd. or the blue mass may be given at night, and followed at morning by a mild laxative. In chorea alterative remedies are often demanded, and we can seldom do better than to give a trial to some of those now under consideration; should these, however, disappoint our expectations, we may resort to others—as some of the preparations of iodine, the extracti taraxaci, or the sanguinaria that has already been alluded to. We shall rarely have cause to produce ptyalism in treating this disease; on the other hand, we must (as a rule) sedulously avoid it.

Diaphoretics will be called for in the majority of cases, as the skin is generally dry, and perspiration mostly checked. In irritable disorders we shall do well to keep up constant diaphoresis; when we can do this easily in chorea, we may hail it as a happy prognostic. To this end we may give p. nit. pot., ʒ j. ; tart. antim., gr. j. ; pil. hydr., gr. vi. ; sulph. morph., gr. jss. M. Ft. pil. vj. One to be given every six hours. Or. spts. nit. dulc. ℥ j. ; vin antim. tart., ʒ ij. M., and let there be taken a teaspoonful every three hours.

As the urine is often scanty, turbid, or dark, much good may be derived from diuretics. The following is one of the best diuretic prescriptions—calomelanos, p. scill., āā gr. xij. ; sulph. quiniæ, gr. xv. M. et div. in chart. x. One powder to be taken once in four hours.

If we suspect the presence of worms, we must take measures to remove them. In lumbrici the most certain vermifuges are calomel and the spirit of turpentine ; either may be given in conjunction with oleum ricini. I should never give spigelia in chorea, as I should choose to avoid its well-known violence upon the patient. In ascarides, five or six grains of calomel may be taken at bed-time, and in the morning some aloetic cathartic preparation may follow ; or enemata of camphoræ and olei olivarum may be freely thrown up the rectum for a few successive days. For tenia the spirit of turpentine is recommended in doses of ℥ ss. to ℥ ij. daily, taken in honey. The spirit of turpentine may possibly be serviceable in recalling the muscular system from its lethargy, and thus impart to it the *primum mobile* of normal action.

We are to treat uterine, and, in short, *all functional derangement*, upon general principles.

After getting our patient in a suitable condition—that is, when we have corrected the deranged functions—we are to administer tonics freely. And of the most appropriate of these, are the sulph. quini., tinc. ferri chlo. and myrrhæ. Here, too, we may employ counter-irritants and blisters. These I think are among our most effectual means for treating chorea. I had a patient last spring, a girl 10 years of age, who had entirely lost the use of her right arm. She could not walk, and she appeared like an idiot. I applied a narrow blister to the whole length of the spine, and one to the affected arm ; for a few days sustained their action with the turpentine liniment. In a very short time from this, she walked tolerably well, and could feed herself. This patient entirely recovered, and has manifested no symptoms of chorea for several months.

Sponging the body with cold water impregnated with vinegar or alcohol, then immediately employing dry friction, to be repeated morning and evening, is good practice.

Stimulants are not indicated in chorea, and I think I have seen evil arise from them. A patient, I recollect, who took wine-bitters for their tonic properties for a long time without good, soon recovered by taking quiniæ.

In chorea, narcotics are only employed as sedatives and nervines ; this use of them may be adopted, and narcosis not result from it.

Such medicines as allay "spasm" are not called for because they are antispasmodics, *but because they give vigor and strength to the nervous system* ; and for this purpose they will be found important agents. The best are sulph. morph., hyoscyamus, conium, assafœtida, blood-root, camphor, valerian and castor.

The moral treatment of chorea consists in cultivating the moral feelings, repressing excited passions, and calling forth those sentiments that are depressed, encouraging the patient, &c. Let him understand that the prognosis is not unfavorable, and that his case is probably curable. Visiters should not be left to gaze on him, nor should his gestures be subjected to criticism. He should be indulged as far as indulgence can reasonably be carried, and his temper kept composed and quiet. Riding in good weather will be of service, increasing the appetite, which must be made satisfied with a *plain* but *nourishing* diet. JOHN P. LEONARD.

Lime Rock, R. I., Dec. 26, 1843.

BIOGRAPHICAL NOTICE OF THE LATE DR. BUCKLIN.

[DURING the last year, death has been busy among the older members of the profession. The loss of an unusual number of them has been felt by us, as well as by those more intimately connected with them, they having long been friends and subscribers to this Journal, some of them from its very commencement. Among these we may mention the names of Page of Maine, Randall of Boston, Bucklin of Hopkinton, Ward of Perry Centre, N. Y., Smith of Worcester, and Briggs of Walpole. We are glad that a friend of one of the most venerable and deserving of them has furnished the following tribute to his memory. From our personal knowledge of Dr. Bucklin, we have no doubt that all that is here said of him is true, and it is gratifying to be able to show in some small degree our estimation of his character by giving place in the Journal to this brief memoir.]

[Communicated for the Boston Medical and Surgical Journal.]

The late Dr. Thomas Bucklin, of Hopkinton, was born in Rehoboth, now Seekonk, Bristol County, Sept. 28th, 1772. His father, Mr. John Bucklin, was a respectable farmer of that town. His advantages for an education were ordinary for that day. He commenced his professional studies when about 18 years old, with Dr. Humphry, of Pawtucket, R. I., and continued with him about one year. He then put himself under the tuition of the late Dr. Thurber, of Mendon, with whom he continued two years.

In May, 1793, Dr. Bucklin commenced his professional life in Hopkinton, Mass., where he pursued the practice of medicine fifty years. He was admitted a member of the Massachusetts Medical Society in 1812, and has been a Counsellor of that Society more than twenty years.

Few physicians have reached a more eminent standing in the community than the late Dr. Bucklin. When young in the profession he gave evidence of promise. He was naturally zealous and enthusiastic, and followed up his investigations of disease with great industry and earnestness. Prompt to his business, attentive to his patients, and happy in his results, he soon became a noted physician in his town and vicinity. During the last forty years of his life, no medical man was more devoted or more laborious in his pursuits. He was emphatically a student during his whole life; and his strong powers of perception, and retentive memory, made him rich in facts, which he had been accumulating during a long life of experience. His urbanity, his hospitality, and his love for a social hour, will not soon be forgotten.

Dr. Bucklin's manners in the sick-room were most benignant and affable—he seemed always to be in unison with the sick man's feelings. No one sympathized more readily, more actively, with the suffering; and his sympathy could not be restrained—it was impulsive. His moral sensibilities were exalted and refined. But if there was any one quality of his heart that prevailed—that seemed to act as a presiding divinity over the man—it was his benevolence. The community in which he lived will not soon forget or cease to feel the influence of his generous acts. In every public improvement, in every effort for moral elevation or intellectual advancement, or for enhancing the interests and comforts of the community, the heart and hand of Dr. Bucklin were readily enlisted. The loss of so worthy a man, and so able a physician, must be felt by the public, and especially by those who depended upon him in sickness.

We make no attempt to represent the value of such a man as Dr. B. in the family relationship. Those who enjoyed his company daily must realize how difficult this would be. His example as a husband, a parent and neighbor, will have the deepest impression on those who knew him most intimately.

That Dr. Bucklin had no faults, we would not say—for we cannot say that of any man. We knew him to have one sin—but it was an amiable one—the sin of tolerating an opinion differing from his own, especially if that difference was of no practical advantage; and if in his view it had an important bearing upon results, his manner of correcting that opinion was most lenient and christian.

Thus briefly we have alluded to our deceased friend; and if what we have written should serve to retain in a more compact form the elements of his character, or prove an humble tribute of respect to his memory, it will be sufficient for our purpose.

January, 1844.

FRACTURE OF THE METACARPAL BONES.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—If the following is worthy of insertion, please give it a place.

The case was that of a lad, 10 years of age. In passing round upon the frame of a wheel, about ten feet diameter, in the act of falling his hand caught accidentally the horizontal plane, on which was placed iron coss. It passed directly under the roller or axle. The space between the wheel and axle varies from one sixteenth to one eighth of an inch.

The three first metacarpal bones were fractured; that of the index and middle fingers so badly that it was found necessary to remove several pieces of nearly detached bone. The external wound extended from the first phalangeal joint of the little finger to that of the metacarpal joint of the thumb, and around to the inner surface of the carpus. It was about an inch in width on the dorsum of the hand, for nearly half the length of the external wound.

After the portions of bone which were loose in the flesh, had been removed, the wound was closed with sutures, and left for nature to perform her part towards effecting the cure. Proper cathartics were administered, anodynes directed, succeeding the application of a bandage, and splint from the elbow joint. Subsequent dressings required the application of caustic. But the use of *chalk* was found to answer an admirable purpose.

Last Wednesday was five weeks since the accident happened, and the external wound has nearly healed, so that the patient is not thought to require medical treatment.

Query.—Would the wound have healed as soon if the loose bones had not been removed, and what will the new formation be? W. B.

Farmington, Ct., Dec. 23, 1843.

ASTHMA PRODUCED BY IPECAC.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Having noticed in the Journal several instances in which ipecac. is said to have given rise to asthma, I take the liberty to add one more fact to the number. It is a matter of some practical importance, as it may influence our treatment of disease in constitutions in which the peculiar susceptibility is known or suspected to exist. I would take occasion, in this connection, to inquire of our homœopathic brethren, whether they use ipecac., in the treatment of asthma, on the principle "similia similibus?"

The late Dr. Aspinwall, of Brookline, who is still remembered by some of the older members of the Faculty in and about Boston, and who was extensively known for many years as the proprietor of a smallpox hospital, was so injuriously affected by the effluvia arising from ipecac. that he discarded it entirely from his practice, for some years before his death. It produced in him a most distressing dyspnœa. This fact I had from my preceptor, the late Dr. Chaplin, of Cambridge, who was intimate with Dr. A. in the latter years of his life. Yours, &c.

Gloucester, Dec. 28, 1843. Joseph Reynolds.

THE PHYSICIAN, A RELIEVER OF HUMAN SUFFERING.

From Prof. Harrison's Introductory Lecture at the Medical College of Ohio, Nov., 1843.

But not only by the prevention and cure of disease are the direct advantages accruing to society from an enlightened body of physicians exhibited, but the excellence and utility of the profession are shown also in the mitigation of human suffering.

Were we to assume this single, and subsidiary function of the medical profession as the entire and only ground of the usefulness of the physician in society, still in the eye of humanity there is daily and hourly felt, by the victims of both curable and incurable maladies, a sufficient amount of relief arising from the prescriptions of practitioners of medicine, to shed a lustre of moral and intellectual grandeur around the profession. Perhaps to the man of blind and erring admiration of ostentatious deeds of benevolence, who unreflectingly disregards what is effected in the humble scenes of life for the melioration of human suffering, the reference to such a topic may excite only a feeling of disgust. To the gentle poetic sentimentalist it may partake of the ludicrous when especial notice is taken of the dignity and excellence of the medical profession in connection with so lowly a matter as the mitigation of those agonies which are hourly felt in many a sequestered spot of sickness. And yet the true moral greatness of science is never so finely and nobly evinced as when she steps aside from her abstractions and lofty demonstrations, and converses with groans and sighs, and bottles up the tears of suffering human nature.

Let the far-seeing, penetrating eye of philosophy dart its piercing beam beyond the present, and amid the action of elements apparently incongruous calculate with unerring certainty the events shadowed forth, and with controlling grasp snatch the dark working agents of disaster from their lurking places. Let science in its power of prevention ever go forth in its errands of mercy over the world, and erect its sanatory barriers around man's frail and fleeting existence. Let the tact and skill, and remedial resources of the wise and humane physician, be ever kept in alert and vigorous play to extirpate disease when it seizes on the frame. But never let us forego the divine honors which await our art when it takes to itself its kind and gracious work of soothing the pains it is incapable of removing, and of strewing along the dim and rugged path of death the flowers which smooth the passage to man's final bourne.

EPILEPSIA IN CHILDHOOD.

M. Jadelot presents the following remarks on this disorder. Epilepsia, denominated likewise *mal des enfans*, on account of its frequency during this period of life, is an apyretic, chronic and intermittent affection, characterized by sudden fainting, general insensibility, convulsions, more or less intense, succeeded by intermissions, in which the patient appears perfectly well.

Divisions.—Esquirol distinguishes—*idiopathic epilepsy*, produced by an affection of the brain or its membranes—*symptomatic epilepsy—sympathetic epilepsy:* but the author of a recent work on pathology, says that the latter does not exist, but ought to be comprised in the two preceding classes, as the cause, though undiscovered, probably exists.

Pathology.—On dissection the following alterations have been discovered: abnormal thickening or exostosis of the bones of the cranium; effusions between the brain and its membranes; granulations or ossifications of the dura mater; serous cysts; hydatids; general or partial softening, induration or hypertrophy of the cerebrum, medulla oblongata, or medulla spinalis; serous effusion in the ventricles; disease of the abdominal viscera.

Etiology.—The predisposing causes are youth; nervous temperament; tubercles or acephalo-cysts in the brain; imperfect development of that organ; idiotism; biliary or urinary calculi; intestinal disorders, especially worm cases, dropsy, &c. The occasional are fright; dentition; imitation (this cause is generally admitted, but it is probable that the disorder is produced more by fright in seeing a person so convulsed, than by imitation); chronic diseases of the brain, of its membranes, of the medulla spinalis, or of the bones of the cranium; eruption of an exanthema. Georget mentions a case in which the first paroxysm appeared with a variola.

Diagnostic.—None of the symptoms given as pathognomonic by different authors, can be considered as such, for the sudden loss of the senses is observed in apoplexia, hysteria and syncope; convulsions exist equally in other nervous disorders; foaming at the mouth is seen in apoplexia and hysteria. Loss of the senses and sensibility, with convulsive movements, are considered by Esquirol as characteristic, but they are to be met with in catalepsia; and we must not, because one is wanting, conclude that it is not epilepsia. Again, if the patient offers symptoms somewhat similar to those of epilepsy, and after death an abscess or cyst of the brain is found to exist, it is probable that the convulsions were merely sympathetic. Finally, if certain cases of cerebral congestion or hæmorrhage may be taken for epilepsy, the coma and paralysis which come on, soon render such an error impossible.

Prognostic.—Incurable when produced by a chronic disease of the brain; on the contrary, may be cured when caused by fright, or dentition, especially if it comes on just before puberty.

Treatment.—We have to consider, 1st, the remedies necessary to be employed during the attack, or immediately after; too well known to need repetition; 2nd, those by which the recurrence of the paroxysm may be prevented; severe diet, removal of all moral causes susceptible of producing it, gentle purgatives, &c.; 3rd, those by which the causes may be weakened or destroyed. They may be divided into *rational*, such as general and local bleeding, blisters, issues, moxas, &c.: or *empirical;* here every author proves his favorite remedy, and they are so many that it is almost impossible to enumerate them; the principa ones are,—valeriana officinalis; opium, sometimes hurtful, employed generally when the disease is owing to a moral cause; hyoscyamus niger; belladonna, MM. Ferrus and Leuret employed it successfully at Bicetre, but it must be given in very small doses; moschus moschifera; assafœtida; camphora; folia citri aurantii; oxydum zinci; sulphas quininæ, Professor Peorry gave it at the dose of ʒ j. to ʒ iss., but in one case it gave rise to serious accidents, so that, if employed, it should be with great care; indigo at the dose of from ʒ j. or ʒ iss. to ℥ j. per diem is recommended by German authors; finally, nitras argenti has been administered in some cases successfully by Professor Fouquir and M. Mérat, and M. Lombard, of Geneva, strenuously recommends it—it is, however, impossible to say whether it ought to be considered as really useful.—*London Medical Times.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 10, 1844.

*Condie on Diseases of Children.**—From the increase of works expressly devoted to the consideration of the diseases of children, great good may be expected. In the United States, particularly, physicians of the highest attainments are turning their attention to this great and too long-neglected department of medicine. The multiplication of treatises is not to be frowned upon, but encouraged by the steady countenance of the profession. Who has not felt the want of guides in prescribing for children? And who has not sought with avidity for information that would enable him to combat the maladies of infancy?

When the second edition of Dr. Stewart's excellent volume was laid before us the other day, we were exceedingly gratified; and the appearance of another work on the same subject, from another source, leads us to hope that American writers will soon be regarded with marked favor in foreign countries, in this important department of practice. Dr. Condie's name has been familiar to the medical public for many years. He is distinguished for accuracy and propriety; and it will be acknowledged that no one is better qualified than himself for giving elevated instruction.

According to the author's exposition in the preface, his leading object has been, in the preparation of this treatise, to present a full and connected view of the actual state of pathology and therapeutics, in reference, especially, to the diseases that most usually occur between birth and puberty. He has not dragged in the opinions of others to increase the magnitude of the volume, nor adopted sentiments or views which were not confirmed by his own inquiries and observations. He strives to revive several old remedies, because they are deserving—and brings also before the reader something from the German physicians. It is to his praise that he has studiously endeavored to be understood by students, who need to have the elements of therapeutics presented to them in a comprehensible form.

---

* **A Practical Treatise on the Diseases of Children, by Francis Condie, M.D., &c. Philadelphia. Lea & Blanchard. 8vo., pp. 651. 1844.**

The volume is methodically arranged in two parts. In Part I. are considered the hygienic management of children; the peculiarities of organization and function during infancy and childhood; pathology of infancy and childhood; and the semeiology of the diseases of infancy and childhood. In Part II. are embraced diseases of the digestive organs; the mouth, throat, œsophagus, stomach, intestines, respiratory organs, nervous system, the skin, eruptive fevers, cutaneous eruptions, nutritive functions and urinary organs; and lastly, congenital affections, and accidents occurring soon after birth. This is but an outline of the topics brought under special notice. That the book may meet the encouragement it richly merits, is our earnest desire.

The Dissector's Guide.—Messrs. Ticknor & Co. have brought out a third edition of Mr. Tuson's valuable little book for the dissecting room, to which notes and additions were made several years ago by Dr. Lewis, of this city. The publication of three editions shows its appreciation by those for whose special benefit it was originally written. The illustrations are rather hard things to get over: there is too much wood in them. Had the hair lines been a little finer than post-office twine, it would have been quite as well, since if there was a probability that they could not be seen by common eyes, resort might be had to art. On very close examination, it is evident that some of the engravings are not exactly true to nature. For example, at page 39, are two views, presumed to be intended for a representation of the sole of the foot. But by some mishap of the engraver, the flexor longus digitorum looks more like a split paddle of an Indian canoe, than any part of the human form divine. There is another dissection of the fore-arm at page 81, that requires an active imagination to make it look like good work. However, there are many other xylographic cuts here and there interspersed through the book, which are really guides for the dissector, in recognizing essential parts.

The book is a good one, and students cannot have, in a cheap form, a better every-day companion in the course of their researches in elementary anatomy. Some years ago we had occasion to give an opinion in regard to the first edition, and we find no cause for altering the view that was then formed of its intrinsic value, remodelled as it had been by our judicious neighbor and friend, Dr. Lewis.

Dr. Coventry's Introductory Lecture.—In the Geneva Medical College, western New York, C. B. Coventry, M.D., holds the chair of Obstetrics and Medical Jurisprudence. When the lecture term opened the present season, the introductory discourse was delivered by Dr. Coventry, which was afterwards, by request, placed at the disposal of the young gentlemen, who have given good evidence of their discrimination, in publishing a discourse that does credit to the institution. Not finding it convenient to extract from its pages, in connection with these observations, some instructive passages may be copied hereafter. In the meanwhile, we congratulate the College in having a man permanently one of the Faculty, who will exert himself with untiring zeal to give dignity and influence to the school and to the profession of medicine generally.

Dental Controversy.—An angry sort of pamphlet has appeared, under the sign manual of H. H. Hayden, M.D., an eminent dentist of Baltimore, avowedly to show up the inconsistencies of C. A. Harris, M.D., favorably known abroad in his editorial character of senior and associate editor of the American Journal and Library of Dental Science, who also, unfortunately for both, resides in the same enterprising city. It so happens that the precise merits of the case are not very well understood here, nor is much light thrown upon the subject by the pamphlet. Dr. H. seems to have been too much provoked to write clearly, and apparently all the while labored under the mistaken idea that the matter on which he was engaged was destined to make a tremendous sensation all over the Continent.

Aside from the unnecessary attack upon ourselves, by Dr. Hayden, in which he has shown less discretion than we hope he manifests in his treatment of broken stumps, we consider that it is an injury to science and to the dental art that two men, in the position in which they are placed, should have fallen out. It would be gratifying to learn that by mutual concessions, if both happen to be blameable, the difficulty has been overcome, and a lasting peace established between them.

Multiplication of Albinos.—Although the following article has been extensively circulated in the papers of the day, it is now introduced into the Journal, abridged from the New York Journal of Commerce, in order to give the facts a suitable place for the future reference of such medical writers as may wish to avail themselves of such marvels to illustrate propositions in physiology or vital statistics.

A few days back a colored man, named John Jones, brought the two Albinos or white negro boys, now exhibiting at Peale's Museum, before Judge Ulshœffer, of New York, on a writ of *habeas corpus*. It appeared from the evidence of Jones and others, that Jones, who claimed the children, formerly lived in Wooster street, and had a black wife, by whom he had five children, three of them white and two colored. Some years back he moved to Monroe county; and lived there until 1841, when he came to this city and became a pauper, and his two white sons were bound out by the overseers of the poor, to a person named James Heustead, for two years and a half, which period expired about six months back.—Heustead took the children away from this city and exhibited them in various parts of the country, and their father saw them no more. Recently, hearing that two such boys were being exhibited at Peale's Museum, he went to see them, and then procured a writ of *habeas corpus* and brought them before Judge Ulshœffer, and swore positively that they were his children. A Quaker lady who had before seen the children, also deposed positively to their being Jones's children. A tavern keeper, who had seen them exhibited at Newark by Heustead, also identified these boys as being the same. Other witnesses gave similar testimony, and a case nearly conclusive was made out in favor of Jones's claims to the children.

But now came the other side of the story. A respectable young man, who was born and brought up at Shrewsbury, New Jersey, proved that a colored man, Joseph Manice, who lived there and who had a black wife, had by her five children, three of them black and two white; the latter boys, and that he parted with them only a fortnight back to the keepers of the Museum, and that the two boys now present before the Judge were positively the same boys born at Shrewsbury, and who only left it a fortnight back.

This testimony of course threw considerable doubt on the matter, and Judge Ulshœffer adjourned his decision in the case until this morning.

In the mean time, some of the parties concerned traced out Heustead; and discovered that he had recently hired the two boys, who had been indentured to him, to a man in Massachusetts, who was exhibiting them there. This man was also traced out, and the two children taken from him and brought to this city, and to the no small astonishment of all parties, the four Albinos, or white negroes, were all brought before Judge Ulshœffer yesterday morning. There was such an extreme similarity in their ages and personal appearances, as to render it difficult to distinguish between them at first sight. But Jones had scarcely cast his eye upon them, when he instantly recognized his own offspring, admitted his mistake in regard to the others, and gave up all claim to them, and each of the contending parties took away their own children.

Lectures on Mesmerism.—In after times, the history of the mesmeric infatuation in New England, will be read with surprise, and produce a train of feeling much like that developed by reading an account of the witchcraft mania in the ancient town of Salem.

It may appear almost incredible to those residing without the influence of the magic circle, that audiences of hundreds of people, up to one and two thousand, are congregated together, night after night, in the city of Boston, to be regaled with the subject of animal magnetism. And yet the men who possess the indefinable charm for keeping such infatuated audiences in one uninterrupted state of mental satisfaction, are the last persons in the wide world who would have been selected by wise, learned and discreet judges, to teach a new science. But who are the people that constitute these wonder-struck assemblies? Are they close students in pursuit of important truths? Are they deep thinkers or profound reasoners? Who are they, and what are they? Let echo answer the question. And who are these astonishing lecturers on animal magnetism? Can they speak the English language grammatically; and are their propositions legitimate deductions from any known principles in any science? Those who have heard the best of them, may answer the question.

It will devolve upon the chronicler of passing events, to record the origin and the subsidence of this last in the catalogue of successful impositions in a civilized community. We can only advert to its existence at this particular period, the meridian of its glory, to acknowledge with deep mortification, that a city, denominated the literary emporium, has been disgraced with a class of exhibitions so low and so contemptible.

Smallpox and Vaccination in Calcutta.—In the year 1838, Calcutta was visited by a severe epidemic smallpox, which proved fatal to very large numbers. Out of 828 fatal cases, visited and reported on the spot, 497 were males, 331 females. 253 were under 5 years of age; between 5 and 15, 282; between 15 and 25, 183; upwards of 25, 110, so that all ages were alike sufferers. The deaths by smallpox in that year were six per cent of the total mortality. It is at any rate a curious coincidence, if nothing else, that London was visited by epidemic smallpox in that same year, and that the proportion of deaths by smallpox, compared to the total mortality, was here seven per cent.

Smallpox is not a constant disease at Calcutta, but visits it, just as it does other large towns, epidemically. The demand for vaccine protection there, as here, bears a marked relation to the degree of alarm prevailing during the epidemic invasion. In the three years 1834, 5 and 6, the numbers vaccinated at the Government Vaccine Establishment were respectively 36, 53, 16. Total in three years, 105! In 1838, the number of vaccinated was 1507! The same thing happens in England, and must always happen, so long as human nature remains the same. Out of sight out of mind! It is only by having the bane before our eyes that we think of applying to the antidote. It is only by the occurrence of a bad fire that people are driven to insure their houses.—*London Medical Gazette.*

Statement of the quantity of rain which has fallen in each year, from 1824 to 1843 inclusive, by the guage kept at the Pennsylvania Hospital:

	Inches.		Inches.		Inches.
1824	38.740	1831	43.940	1838	45.289
1825	29.570	1832	39.870	1839	43.738
1826	35.140	1833	48.550	1840	47.400
1827	38.500	1834	34.240	1841	55.500
1828	37.970	1835	39.300	1842	48.538
1829	41.850	1836	42.660	1843	49.912
1830	45.070	1837	39.040		

Whole amount for twenty years, 844.818 inches.
Average for " " 42.241 "

Medical Miscellany.—A stated meeting of the Censors of the Mass. Medical Society will be held in Boston, on Wednesday, January 31—when candidates wishing license to practise medicine in Massachusetts, can make application.—Dr. Samuel Parkman, of this city, has received the Chair of Descriptive and Surgical Anatomy at the Castleton (Vt.) Medical College; and Dr. R. S. Kissam, of New York, that of the Principles and Practice of Surgery, in the same flourishing school.—The next course of medical lectures at the Vermont Medical College, Woodstock, will commence the first Thursday of March next.

Died,—In Norfolk, Va., Dr. Charles H. Broughton, U. S. N., 27.—At Hartford, Conn., Edward P. Terry, M.D., 43.—At Rockport, Mass., Dr. Charles Manning, 44.—In Walpole, Dr. John K. Briggs, 49.—At New York, Dr. Thomas Pitts, accidentally killed by the bursting of a gun.—At Philadelphia, Mr. Robert S. Seeds, a student of Jefferson Medical College.—At Caraccas, S. A., Dr. Shadrack Nye, formerly of Nashville, Tenn.

Married.—At Walpole, Stephen Salisbury, M.D., of Medway, to Miss Elizabeth P. Clark, of W.—At Lacon, Ill., S. G. Smith, M.D., to Miss Mary Ann Pomeroy, of Lacon.

Number of deaths in Boston, for the week ending Jan. 6, 30.—Males, 14—Females, 16. Stillborn, 2. Of consumption, 5—croup, 4—infantile, 5—erysipelas, 1—disease of the brain, 1—influenza, 1—inflammation of the bowels, 1—fever, 1—scarlet fever, 2—old age, 2—lung fever, 1—marasmus, 1—pleurisy fever, 1—child-bed, 2—tumor, 1—unknown, 1.

Under 5 years, 13—between 5 and 20 years, 4—between 20 and 60 years, 8—over 60 years, 5.

Forceps Case.—This evening, March 9, 1842, at half-past nine o'clock, I was requested by my friend, Mr. L'Estrange, to visit Mrs. A., ætat. 30, residing at Ferdinand-terrace, Camdentown, in labor with her first child. The liquor amnii had escaped at half-past eight, P. M., yesterday, and she was visited by Mr. L'Estrange at nine, P. M. The orifice of the uterus had dilated gradually under the influence of active pains, so that this morning it had become fully developed; but the head had remained stationary the whole day, after having nearly descended into the cavity of the pelvis. I found no heat of the vagina, and there was ample moisture, with apparently sufficient space for the head's descent, provided it lay in a proper position; but it was placed with the right ear directed to the pubis, and there was, moreover, now, and had been since the morning, an almost entire absence of the uterine action; no heat of skin existed; pulse 100, and small. I preferred the cautious employment of the forceps in this case to the use of the ergot, it being a first labor, which I am of opinion should generally contra-indicate the ergot, so valuable when judiciously employed. Having first satisfied myself that the bladder was empty, I succeeded, by the use of my fingers, in shifting the position of the head so that the middle line of the face was brought to bear upon a point midway between the sacro-iliac junction and the centre line of the hollow of the sacrum. I then introduced the blades of the common forceps, with counterparts, of equal length and width, of their fenestræ; but an easy locking not being possible, I substituted, on the right side of the pelvis, the seat of the difficulty, a short blade, and the locking was now effected without the least force. The stimulus of contact of the blades (which is a common effect) induced a stronger action. Drawing down during the presence of pain only, separating the handles, and resting, as should always be done, in the absence of the parturient throes, the delivery of a living child was safely accomplished, in the course of a very few minutes. The placenta was afterwards removed without difficulty, by Mr. L'Estrange. There was no hæmorrhage; the uterus contracted perfectly. Subsequently to the delivery the pulse sank from 100 to 80. On the following morning, after some refreshing sleep, it numbered 76 beats, and the recovery of the patient was uninterrupted by a single bad symptom.—J. H. Davis, M.D., in *London Lancet.*

Hemiplegia caused by a Disease of the Nerves.—M. Martinet read (before the Academy of Medicine) a memoir on hemiplegia. The conclusions are that hemiplegia may exist, independent of a disease of the brain and spinal marrow, and be produced by a disease of the nerves: that it can be recognized by paralysis of the side affected; by its being the result of several partial attacks, having intervals between each; by the integrity of the functions of the spinal marrow, and by the facility with which it yields to the remedies employed in nervous rheumatism.—*London Medical Times.*

Henry's Magnesia.—Epsom salts 1 part, water 50 do. Dissolve, then precipitate with a solution of subcarbonate of potash; wash the first with clean water, and lastly with rose-water.—*Ib.*